PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 9 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of lobby	yist's partnership, firm or corporation,	if any:	
The	Nature Consensus		
	(Name of partnership, firm or corporation)	2 ,	
22 Bridg	<u>e</u> St. / (mus 1	/H 0330/
usiness Address:	(Street) (Town/City	(Stat	e) (Zip Code)
(A) 870-	()	e-mail	in - Obra e hicon
(Telepho	one)	Fax)	J
1. This stateme	nt covers: (Choose one – file separate re	eports for each client, OI	R you may file a separate report i
	ise transactions which are not attributa		
Ail reportable		· 	45 4. 45 - C. D15
An reportable	transactions occurring in the months prio	r to the reporting date reia	tive to the following client:
·			
n	(Full Name of Client as it appears on the	e Lobbyist Registration Form	n)
All somewhile	Annual ations has the labelist final adia at the	. Labeline das la Caracilla Sana Aba	labbada o Cara Barad balana addah
An reportable related to any p	transactions by the lobbyist (including the articular client.	lobbyist's family), or the	lobbying tirm listed below which
, r			
7. Date of Repo	ort April 24, 2019	July 31, 2019	
•	rt April 24, 2019 A activity from date of registration to 3/31/19	July 31, 2019 activity from 4/1/19 t	
•	activity from date of registration to 3/31/19 October 30, 2019	activity from 4/1/19 (January 29, 2	o 6/30/19 2020 🗆
•	activity from date of registration to 3/31/19	activity from 4/1/19 (o 6/30/19 2020 🗆
ports cover: . There have I this box is check	activity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 been no fees received and no reports ked, complete just this form and submit it	activity from 4/1/19 (January 29, 2 activity from 10/1/19 able transactions made	e o 6/30/19 2020
. There have l this box is checo	activity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 been no fees received and no reports ked, complete just this form and submit it 01.	activity from 4/1/19 (January 29, 2 activity from 10/1/19 able transactions made	e o 6/30/19 2020
eports cover: 7. There have I This box is check concord, NH 033 71. Check if add	activity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 been no fees received and no reports ked, complete just this form and submit it 01. itional reports are attached:	activity from 4/1/19 (January 29, 2 activity from 10/1/19 able transactions made to the Secretary of State's	o 6/30/19 2020 0 to 12/31/19 e since the last report. Office, State House, Room 204.
7. There have I this box is check concord, NH 033 11. Check if add	October 30, 2019 activity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 Deen no fees received and no reports ked, complete just this form and submit it 01. itional reports are attached: eccived fees or made expenditures, you maid an honorarium or reimbursed expenses	activity from 4/1/19 to January 29, 2 activity from 10/1/19 able transactions made to the Secretary of State's	es and Expenses

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partnership, firm or corporation) III. Name of Client	Date 4/25/15		
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations ser		
a) Total of all fees received in this reporting period	a) \$		
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$		
c) Total of all fees received to date (Add lines a and b)	c) \$		
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are may be filed for the lobbyist(s) aggregate total of all expenses expenses; (b) the aggregate total le: meals purchased during a busts than \$10 that is given to the per with a value of \$25.00 or less orting period of greater than \$25.00 or less orting period of greater than \$25.00 or less orting period of greater than \$25.00 or less or than \$25, but not greater than \$25, car than \$25, ca		
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) s 4, 304.16 b) s 9, 85 c) s 50,00		
b) Total aggregate of expenditures during this reporting period, not reported	4 81		
in a), of \$25 or less.	b) \$ 1 1 0 5		

d) Total expenses for this reporting period (Add lines a, b and c)	d) s 6, 364.01
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 6, 364.01
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
State of NH - Regatistion	
State of NH - Key otration	\$_50
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
There are I DOA 16 DOA 16 D. I DOA 664 11 1	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
////	4/26/15
(Signature of lobbyist)	(Date)
/ to ORam	
(Print Name of lobbyist)	-
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